

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
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2016 OCT 31 AM 7:56

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Make Your Laws PAC, Inc. (MYL PAC)

ADDRESS (number and street)

500 Westover Dr #8458



Check if different than previously reported. (ACC)

Durham

NC

27330

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 0 0 5 2 9 7 4 3

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

XX

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

XX

5. Covering Period

MM / DD / YYYY through MM / DD / YYYY

07 / 01 / 2016 through 09 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Sai

Signature of Treasurer

Date

MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 437g.

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Make Your Laws PAC, Inc. (MYL PAC)

Report Covering the Period:

From:

/ /

To:

/ /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|------------------------------------|-------------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2016"/> | | <input type="text" value="118705"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="45973"/> | |
| (c) Total Receipts (from Line 19)..... | <input type="text" value="4900"/> | <input type="text" value="4912"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | | |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="48542"/> | <input type="text" value="121286"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="2331"/> | <input type="text" value="2331"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | | |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

| | | |
|---|-----------|-------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | | |
| (ii) Non-Federal Share | | |
| (b) Other Federal Operating Expenditures | 4 8 5 4 2 | 1 2 1 2 8 6 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 4 8 5 4 2 | 1 2 1 2 8 6 |
| 22. Transfers to Affiliated/Other Party Committees | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | | |
| 24. Independent Expenditures (use Schedule E) | | |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) | | |
| 26. Loan Repayments Made | | |
| 27. Loans Made | | |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (b) Political Party Committees | | |
| (c) Other Political Committees (such as PACs) | | |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | | |
| 29. Other Disbursements | | |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | | |
| (ii) "Levin" Share | | |
| (b) Federal Election Activity Paid Entirely With Federal Funds | | |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | | |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 4 8 5 4 2 | 1 2 1 2 8 6 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) | 4 8 5 4 2 | 1 2 1 2 8 6 |

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

| | | |
|--|-----------|-------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | | |
| 34. Total Contribution Refunds (from Line 28(d)) | | |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | | |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 4 8 5 4 2 | 1 2 1 2 8 6 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | | |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 4 3 6 4 2 | 1 1 6 3 8 6 |

2000-10-10 10:00 AM

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

| | | | | | | | | | | | |
|---|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | | | | | PAGE 1 OF 4 | | | | |
| | <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Make Your Laws PAC, Inc. (MYL PAC)

| | | |
|--|-----------|---|
| Full Name (Last, First, Middle Initial) A. Google | | Date of Disbursement MM / DD / YYYY 07 / 05 / 2016 |
| Mailing Address | | |
| City | State | Zip Code |
| Purpose of Disbursement Collaboration services | | Amount of Each Disbursement this Period 3,666 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Category/Type 001 |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: | District: | |

| | | |
|--|-----------|---|
| Full Name (Last, First, Middle Initial) B. Traveling Mailbox | | Date of Disbursement MM / DD / YYYY 07 / 05 / 2016 |
| Mailing Address | | |
| City | State | Zip Code |
| Purpose of Disbursement Mail receiving agent | | Amount of Each Disbursement this Period 800 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Category/Type 001 |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: | District: | |

| | | |
|--|-----------|---|
| Full Name (Last, First, Middle Initial) C. Business Quicken Banking | | Date of Disbursement MM / DD / YYYY 07 / 11 / 2016 |
| Mailing Address | | |
| City | State | Zip Code |
| Purpose of Disbursement Electronic access to bank records | | Amount of Each Disbursement this Period 995 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Category/Type 001 |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: | District: | |

| | |
|---|--|
| SUBTOTAL of Disbursements This Page (optional)..... | |
| TOTAL This Period (last page this line number only)..... | |

NOV 10 11 00 AM '16

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 3 OF 4 |
| | <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 |
| | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a |
| | <input type="checkbox"/> 23 | <input type="checkbox"/> 28b |
| | <input type="checkbox"/> 24 | <input type="checkbox"/> 28c |
| | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| | <input type="checkbox"/> 26 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Make Your Laws PAC, Inc. (MYL PAC)

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| A. Google | | <input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2016"/> |
| Mailing Address | | |
| City | State | Zip Code |
| Purpose of Disbursement Collaboration services | | <input type="text" value="001"/> |
| Candidate Name | | Amount of Each Disbursement this Period |
| | | <input type="text" value="3881"/> |
| Office Sought: | Disbursement For: | |
| <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: | District: | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| B. Business Quicken Banking | | <input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2016"/> |
| Mailing Address | | |
| City | State | Zip Code |
| Purpose of Disbursement Electronic access to bank records | | <input type="text" value="001"/> |
| Candidate Name | | Amount of Each Disbursement this Period |
| | | <input type="text" value="995"/> |
| Office Sought: | Disbursement For: | |
| <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: | District: | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| C. Linode | | <input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2016"/> |
| Mailing Address | | |
| City | State | Zip Code |
| Purpose of Disbursement Server | | <input type="text" value="001"/> |
| Candidate Name | | Amount of Each Disbursement this Period |
| | | <input type="text" value="3000"/> |
| Office Sought: | Disbursement For: | |
| <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: | District: | |

| | |
|---|----------------------|
| SUBTOTAL of Disbursements This Page (optional)..... | <input type="text"/> |
| TOTAL This Period (last page this line number only)..... | <input type="text"/> |

20160808 10:11:01 AM

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE **4** OF **4**

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

Make Your Laws PAC, Inc. (MYL PAC)

Full Name (Last, First, Middle Initial)

A. Traveling Mailbox

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2016

Mailing Address

City State Zip Code

Purpose of Disbursement
Mail receiving agent

001

Amount of Each Disbursement this Period

800

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

B. Google

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2016

Mailing Address

City State Zip Code

Purpose of Disbursement
Collaboration services

001

Amount of Each Disbursement this Period

4000

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

C. Business Quicken Banking

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2016

Mailing Address

City State Zip Code

Purpose of Disbursement
Electronic access to bank records

001

Amount of Each Disbursement this Period

995

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

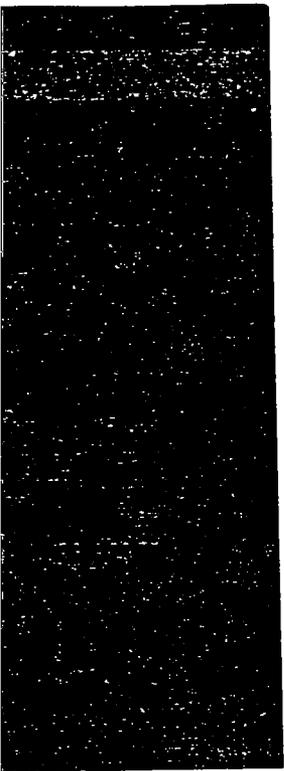
SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

48542

48542

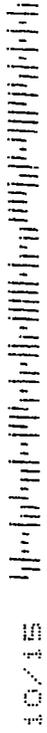
1-800-431-0010



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL



7016 0910 0001 7059



Federal Election Commission
999 E St NW
Washington, DC 20463

c/o Traynor A. Gambrell
Willow St #1
Worcester, MA 02170

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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| <input type="checkbox"/> Hand Delivered | Date of Receipt |
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| <input checked="" type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) 10/14/16 |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| <input type="checkbox"/> USPS Priority Mail Express | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| | Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |
|  PREPARER | 10/31/16 DATE PREPARED |

ACCOUNTING INFORMATION